

This is a description of the framework within which the Centers for Medicare & Medicaid Services (CMS) expects to develop the 8th Quality Improvement Organization (QIO) Scope of Work (8th SOW). It provides an outline of the approach that we intend to take to the SOW, and current thinking about its content. We are making it available to facilitate comments. It should be understood that it is subject to change on the basis of those comments, funding availability, and other future developments. We expect to issue the final SOW around this time next year.

I. Goal for this SOW: Accelerate improvement. We are achieving improvement, but achieving 95% performance on the current measures will take 20 years at the current pace. To accelerate improvement we will:

A. Seek to expand the number and work of institutions and clinicians in each state who achieve near-perfect levels of performance. As part of the assistance being offered, QIOs will identify and work with providers who are motivated by market-based factors - public reporting and pay-for-performance - to achieve excellence. This will motivate other providers to work with QIOs to seek similar performance levels.

B. Offer improvement assistance that will enable providers to achieve transformational, rather than incremental, improvement through information technology, care process redesign, and organizational cultural changes. We will help physicians, hospitals, and nursing homes to adopt and use standards-based information technology and electronic data exchange, consistent with privacy rules. Also, we will promote organizational culture change and the use of redesigned care processes.

C. Develop a new set of partnerships in which we divide up the work so that each partner does what it can do best, and improve our programs based on their feedback. Examples of active partnerships or areas in which we have planned partnerships include:

1. Decrease surgical morbidity and mortality by 50% by July 1, 2008 (Surgical Care Improvement Partnership - SCIP);
2. Decrease the rates of pressure ulceration and use of physical restraints in nursing homes;
3. Enable primary care physicians to achieve excellence in the care of patients with chronic illness through adoption of information technology and redesigned care processes;
4. Make the QIO Clinical Data Warehouse a resource for partnerships to publish and improve performance measures; and
5. Establish partnerships with organizations such that they provide care messages to beneficiaries and QIOs work directly with providers/practitioners.

II. Core contract content. We are proposing that all QIOs will work in the following areas:

- A. Expand the work of QIOs to include Medicare Parts C and D, as mandated in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.
- B. Continue to work with nursing homes, home health agencies, hospitals, and physician offices. We expect to broaden hospital work to include surgical complication prevention (a patient safety issue) and to include detection and treatment of kidney disease in cardiac patients. We expect to broaden physician office work to include additional preventive services (colorectal cancer screening) and chronic diseases such as hypertension, coronary artery disease, congestive heart failure, and depression.
- C. Continue to work to reduce disparities between medically underserved populations and the general beneficiary population.
- D. Continue to safeguard beneficiaries by responding to appeals and complaints.
- E. Refine and strengthen efforts to promote awareness and use of publicly reported quality information by providing technical support for reporting, recognizing providers who achieve excellent performance, and promoting consumer involvement in provider improvement activities.
- F. Work with partners to assist them in their development of health message outreach to beneficiaries.
- G. Reduce misuse of prescription drugs by helping physicians to adopt electronic prescribing.

III. Selective contract content. We are proposing to direct some QIOs to work, or give them the option of applying for funding to work, in the following areas:

- A. Reduce inappropriate admissions and billing errors.
- B. Detect and treat depression in nursing home and/or cardiac rehabilitation facility patients.
- C. Improve rural care.

IV. Developmental contract content. To prepare for the next contract cycle (9th SOW), we propose to develop the ability of the QIO to impact quality and cost:

- A. Increase the efficiency of care by aligning our efforts with those of the private sector to reduce inappropriate use of services, pharmaceuticals, and technology.
- B. Create confidential centers for receiving reports of adverse events in all settings and providing consultative assistance in patient safety improvement.

- C. Reduce prescription overuse (*e.g.*, polypharmacy).
- D. Reduce malpractice claims through reduction in errors and improvement in patient safety.
- E. Prepare physicians for performance measurement through work on the DOQ-IT Project.
- F. Explore partnerships with pharmaceutical and device manufacturing industries in relevant topic areas.

V. Program management. We will continue to emphasize performance-based contracting and measurable outcomes of QIO work. We will also:

- A. Bring new contractors and ideas into the QIO and Network systems through strategies such as reduced entry barriers, restructured award fees, and studies of the experiences of new and potential contractors.
- B. Continue use of performance-based contracting, with each task described in terms of its evaluation criteria. In addition to statewide performance and provider assessment of QIO assistance, include assessment of proportion of providers achieving excellence and/or organizational culture change, IT adoption and effective use, and care process redesign.
- C. Enhance the impact of QIO activities by utilizing the existing relationships between providers and the CMS Regional Offices.
- D. Further increase the submission of hospital-abstracted data for quality measures.
- E. Reward best-performing contractors with preference in awarding special studies and with performance-based fees.
- F. Use multi-state collaboratives and other methods to achieve efficiency in QIO operations.